



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

REVOCATION OF APPLICATION FOR RETIREMENT BENEFITS

This form is to be used by a member to revoke his/her Application for Retirement Benefits and must be received by the Connecticut Teachers' Retirement Board (CTRB) prior to the effective date of retirement or postmarked prior to that date. A facsimile copy is acceptable, provided it is sent to CTRB prior to the effective date.

I _____, hereby notify CTRB of my intention to revoke my
(print name)
Application for Retirement Benefits that is to become effective as of _____
(print date)

I further understand that I will be required to submit a new Application for Retirement Benefits should I elect to retire at a later date.

Member's Name	Social Security Number
Street Address	Email Address
City, State, Zip	Home Phone ()
Member's Signature	Date Signed